

File 347:JAPIO Dec 1976-2008/Oct(Updated 090220)

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File 344:Chinese Patents Abs Jan 1985-2006/Jan

(c) 2006 European Patent Office

File 350:Derwent WPIX 1963-2008/UD=200917

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Set	Items	Description
S1	76334	(HEALTH OR MEDICAL OR SURGICAL)(1W)(CARE OR SERVICE?? OR TREATMENT?? OR DIAGNOS?)
S2	87295	(HEALTHCARE OR HEALTH OR MEDICAL OR OSTEOPATHIC OR PEDIATRIC)(1W)(PROVID? OR PROVISION? OR SERVICE?? OR PROFESSIONAL?? - OR PRACTITIONER? OR OFFICE??) OR HOSPITAL?? OR CLINIC??
S3	198145	(CUSTOMER?? OR PATIENT?? OR PERSON?? OR CLIENT??)(5N)(INFORMATION OR DATA OR RECORD?? OR FILE??)
S4	118	(CPT OR CPTS OR CURRENT()PROCEDURAL()TERMINOLOG??? OR ICD - OR ICD?? OR INTERNATIONAL()CLASSIFICATION(1W)DISEASE??)(3N)(CODE?? OR CODING OR VALUE?? OR NUMBER?? OR BILLING)
S5	40121	INPATIENT?? OR IN()PATIENT?? OR OUTPATIENT?? OR OUT()PATIENT?? OR NURSING()HOME?? OR OTHER()(LOCATION?? OR SERVICE??) OR DOCTOR??(2N)OFFICE OR PATIENT??(2N)HOME??
S6	2009794	SERVICE?? OR CARE OR TREATMENT?? OR DIAGNOS????
S7	47753	S6(5N)(APPROV? OR DISAPPROV? OR PERMISSION?? OR CONFIRM? OR ACCEPT? OR ALLOW? OR AUTHORIZ? OR REFUS? OR REJECT? OR DISALLOW?)
S8	14691	S3(5N)(OBTAIN? OR ACQUIR? OR GET OR GETS OR GETTING)
S9	31718	S6(5N)(REQUEST? OR ASK OR ASKS OR ASKING OR SOLICIT? OR SEEK??)
S10	17	S4(5N)(SINGLE OR ONE OR 1)
S11	21	AU=(MERKIN, R? OR MERKIN R?)
S12	4	S11 AND S1
S13	2	S12 AND S7
S14	0	S13 NOT AD=20030708:20090325/PR
S15	11245	(S1 OR S2) AND S3
S16	24	S15 AND S4
S17	4	S16 AND S5
S18	4	S17 NOT AD=20030708:20090325/PR
S19	10	S16 AND (S7 OR S8 OR S9 OR S10)
S20	9	S19 NOT S18
S21	5	S20 NOT AD=20030708:20090325/PR

8/3,K/1 (Item 1 from file: 350)

DIALOG(R)File 350:Derwent WPIX

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0014650626 - Drawing available

WPI ACC NO: 2004-832645/200482

XRPX Acc No: N2004-657983

Software system for identifying patient for implantation with implantable cardioverter/defibrillator, uses field indicating if multi-center automatic defibrillator implantation trial II criteria is satisfied

Patent Assignee: CARDIAC PACEMAKERS INC (CARD-N); GERVAIS S (GERV-I); GILLIAM F R (GILL-I); JOHNSON R J (JOHN-I); LOZIER L R (LOZI-I); ROMAN C (ROMA-I); WEBBER S (WEBB-I)

Inventor: GERVAIS S; GILLIAM F R; GILLIAM R; GILLIAM R F; JOHNSON R; JOHNSON R J; LOZIER L; LOZIER L R; ROMAN C; WEBBER S

Patent Family (4 patents, 107 countries)

Patent			Application			
Number	Kind	Date	Number	Kind	Date	Update
US 20040230456	A1	20041118	US 2003438261	A	20030514	200482 B
WO 2004104901	A1	20041202	WO 2004US14876	A	20040513	200482 E
EP 1623353	A1	20060208	EP 2004785534	A	20040513	200611 E
			WO 2004US14876	A	20040513	
JP 2007500573	W	20070118	WO 2004US14876	A	20040513	200707 E
			JP 2006532994	A	20040513	

Priority Applications (no., kind, date): US 2003438261 A 20030514

Patent Details

Number	Kind	Lan	Pg	Dwg	Filing	Notes
US 20040230456	A1	EN	7	3		
WO 2004104901	A1	EN				

National Designated States,Original: AE AG AL AM AT AU AZ BA BB BG BR BW
 BY BZ CA CH CN CO CR CU CZ DE DK DM DZ EC EE EG ES FI GB GD GE GH GM HR
 HU ID IL IN IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MA MD MG MK MN MW
 MX MZ NA NI NO NZ OM PG PH PL PT RO RU SC SD SE SG SK SL SY TJ TM TN TR
 TT TZ UA UG US UZ VC VN YU ZA ZM ZW

Regional Designated States,Original: AT BE BG BW CH CY CZ DE DK EA EE ES
 FI FR GB GH GM GR HU IE IT KE LS LU MC MW MZ NA NL OA PL PT RO SD SE SI
 SK SL SZ TR TZ UG ZM ZW

EP 1623353 A1 EN PCT Application WO 2004US14876
 Based on OPI patent WO 2004104901

Regional Designated States,Original: AT BE BG CH CY CZ DE DK EE ES FI FR
 GB GR HU IE IT LI LU MC NL PL PT RO SE SI SK TR

JP 2007500573 W JA 13 PCT Application WO 2004US14876
 Based on OPI patent WO 2004104901

Alerting Abstract ...of patient for implantation with implantable
 cardioverter/defibrillator (ICD) for preventing sudden cardiac death (SCD)
in patients with history of life-threatening ventricular arrhythmias
 e.g. sustained ventricular tachycardia (VT) and ventricular...

...301 **patient records**

Original Publication Data by Authority**Argentina**

Assignee name & address:

Claims:

...with an implantable cardioverter/defibrillator (ICD), comprising;a local
 database for storing a plurality of **patient records** , wherein each
patient record has a plurality of **data** fields;a **clinical** data
 manager for providing a user interface to the local database by which a
 user may add, delete, and modify **patient records** and for providing
 logic to analyze the **patient records** and present **information** derived
 therefrom to the user;a user-enterable **data** field in each **patient**
record for containing a **patient** identifier which identifies a particular
patient associated with the **record** ;a user-enterable **data** field in
 each **patient record** for containing an indicator as to whether the
patient associated with the **record** has a history of myocardial
 infarction (MI);a user-enterable **data** field in each **patient record**

for containing a measured ejection fraction (EF) of the **patient** associated with the **record**; a user-defined variable designated EF-CEILING for representing the value of an EF below which left-ventricular dysfunction is considered to exist; a calculated **data** field in each **patient record** for indicating whether the **patient** is at risk for sudden cardiac death (SCD), wherein the value of the SCD risk...

...and the patient's EF is less than EF-CEILING, and "no" otherwise; a calculated **data** field in each **patient record** for indicating whether the **patient** meets the MADIT II criteria for **ICD** implantation, wherein the **value** of the MADIT II criteria field is "yes" if the patient has a history of...

...the patient's EF is less than or equal to 30%, and "no" otherwise; a **data** field in each **patient record** for indicating whether the **patient** has been stratified for arrhythmias by electrophysiological monitoring, wherein the value of the stratified for...

...yes" and the MADIT II criteria field is "no," and is inactive otherwise; and, a **data** field in each **patient record** for indicating whether or not the patient has received an **ICD**, wherein the **value** of the received **ICD** field is user-enterable to be either "yes" or "no" only if: 1) the MADIT ...

18/3,K/2 (Item 2 from file: 350)

DIALOG(R)File 350:Derwent WPIX

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0013401613 - Drawing available

WPI ACC NO: 2003-491791/200346

XRPX Acc No: N2003-390646

Evaluation and management coding method in medical application, involves identifying modifying variables for specific type of diagnosis, to generate final evaluation and management code

Patent Assignee: DART S H (DART-I); RAWLINS N W (RAWL-I)

Inventor: DART S H; RAWLINS N W

Patent Family (1 patents, 1 countries)

Patent Application

Number	Kind	Date	Number	Kind	Date	Update
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US 6529876	B1	20030304	US 1999277857	A	19990326	200346 B
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Priority Applications (no., kind, date): US 1999277857 A 19990326

Patent Details

Number	Kind	Lan	Pg	Dwg	Filing	Notes
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US 6529876	B1	EN	23	17		
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Alerting Abstract USE - For providing evaluation and management coding of **medical services** such as general multi-system examination, cardiovascular examination, eye examination, ear, nose and throat examination...

...musculoskeletal examination, neurological examination, psychiatric examination, respiratory examination and skin examination performed by physicians in **clinic**, **hospital** consultations, **inpatient** services,

emergency visits, home visits and other **medical service providers** .

Original Publication Data by Authority

Argentina

Assignee name & address:

Original Abstracts:

A method and a computer program and computer apparatus for use by **health care providers for the production of** accurate billing coding for care rendered. The invention established the process, the data gathering and documentation required of a provider in determining and documenting correct Evaluation and Management **CPT code (E&M code or E&M coding)** required for agency reimbursement for care delivered. This invention is directed to a computer and...

...the meeting of Federal and State statutory and regulatory standards prerequisite to payment to the **medical provider for health care delivered.** >

Claims:

...claim:1. A method for using a computer to facilitate E&M coding by a **medical provider** of a patient encounter comprising: **A . inputting** into the computer a code selecting An electronic template specific to a type of **patient** encounter;B. acquiring **data** prompted by the electronic **template** for the specific type of **patient** encounter for a specific **patient** encounter;C. inputting into the **computer** the **data** acquired for the specific type of **patient** encounter for the specific **patient encounter** ;D. outputting an audit of the **inputted data** acquired for the **specific patient** encounter;E. outputting a Preliminary E&M code;F. **inputting** into the computer modifying **variables** for the specific patient encounter;G. outputting a Final E&M code;the method in...

...inputting into the computer a set of electronic templates and an electronic template menu;and **in which** the step of acquiring **data** prompted by the electronic template for the specific type of patient encounter comprises:I. examining at least one aspect of the **patient encounter** ,and in which the step of inputting into the computer **the data** acquired for the specific type of patient encounter for the specific patient encounter comprises:J...

...acquired from the examination of the at least one aspect of the patient encounter;and **in which** the step of outputting an audit of the inputted **data** acquired for the specific **patient** encounter comprises:K. displaying and comparing the **data** inputted into the computer with the data required to be acquired, in examining **at** least one aspect of **the patient** encounter,and in which the step of outputting a Preliminary E&M code comprises:L. displaying the data inputted into the computer and requiring the inputting of an **acknowledgment** of complete **data** acquisition and **data** inputting;and in which the step of inputting into the computer modifying variables **for** the specific **patient** encounter comprises;M. identifying the modifying variables pertinent to the **specific** type of **patient** encounter; identifying the modifying variables pertinent to the specific patient encounter;and in which the step of outputting a Final E&M code comprises:N. displaying the **data** inputted into the computer, **requiring** the inputting of an acknowledgment of complete **data** acquisition **and data** inputting, storing by means, the Final E&M code.

18/3,K/3 (Item 3 from file: 350)

DIALOG(R)File 350:Derwent WPIX

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0012349036 - Drawing available

WPI ACC NO: 2002-291399/200233

XRPX Acc No: N2002-227531

Integrated medical record creation method using Internet, involves providing statement of patient's medical history and financial obligations of patient and healthcare provider on single page record

Patent Assignee: COSTELLO J B (COST-I)

Inventor: COSTELLO J B

Patent Family (1 patents, 1 countries)

Patent Application

Number	Kind	Date	Number	Kind	Date	Update
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US 20020022972	A1	20020221	US 2000199412	P	20000424	200233 B
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US 2001837895	A	20010418				
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Priority Applications (no., kind, date): US 2000199412 P 20000424; US 2001837895 A 20010418

Patent Details

Number	Kind	Lan	Pg	Dwg	Filing	Notes
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US 20020022972	A1	EN	13	6	Related to Provisional	US 2000199412
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...Internet, involves providing statement of patient's medical history and financial obligations of patient and healthcare provider on single page record

Alerting Abstract ...patient during specific visit, is created and a statement of the patient's and the **healthcare provider** 's financial obligations for the examination and visit is also provided on the single page **record** . The statement of the **patient** 's medical history and visit and the financial obligations are stored in a memory....ADVANTAGE - The **medical services** are completely documented and business aspects of overall **medical treatment** such as claims processing, insurance coverage determination are all documented in single simultaneous or concurrent...

...the end of the medical visit, which is necessary for the business requirements of the **healthcare provider** .

Original Publication Data by Authority

Argentina

Assignee name & address:

Original Abstracts:

A method and system for single form and single click creation of a **patient** visit medical **record via** the Internet (**Online Medical Record --OMR**) this is simultaneously integrated with the financial requirements of the **healthcare provider** . There are **two components** to a **patient** visit: 1) the **medical data** needed to **care for** the **patient** , and 2) the **financial data** required to pay **for** the services. The system of this invention provides for better work flow in processing both medical **data** ,

patient care, and **financial coverage** . The first step includes a single page creation of the OMR visit form. The OMR...

...The diagnosis and plan section of the medical visit includes the visit CPT coes, the **ICD9 diagnosis codes** , in- **house** procedure **codes** , outside procedure codes, outside lab or **health care provider** , medication **prescribed** , **pharmacies selected** , referred provider, notes concerning the visit and return times schedule. This same medical data is required for billing information, i.e., **the** visit/ **CPT** charges, procedure changes, ICD-9 data, and **related** numeric **value** charges. The data that is embodied in the medical visit is also available for outside...

...in response to a single selection of the SAVE button, the client system sends all **the** medical and financial **data** to the server system. The server system receives the information, updates the OMR, and initiates...

Claims:

1. A method and system for creation of an integrated medical **patient's record** via a communications **computer** network, including providing a **record** of standard **patient personal** and medical **history** and capable of receiving **data** pertaining to a **specific** visit for the **patient** being treated;inputting **data** relative to the **personal** history of the specific **patient** to be examined and treated; **inputting data** relative to specific medical **information** determined during **the** specific **patient's** examination and visit;providing a **record of the patient's** diagnosis, studies and treatment during **this** specific **patient visit** ;calculating the financial obligations for the specific patient's examination and visit;providing a single page **record** for the **diagnosis** , studies ordered, and treatment for that **patient's** specific visit; **providing** on the same single page **record** a statement of **the patient's** and provider's financial obligations for the examination and **visit** ; andstoring in memory **the** statement of the patient's medical history for the visit, and the financial obligations of **the patient** and provider for the specific patient visit.

18/3,K/4 (Item 4 from file: 350)

DIALOG(R)File 350:Derwent WPIX

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0012255386 - Drawing available

WPI ACC NO: 2002-195434/200225

XRPX Acc No: N2002-148513

Patient service management software for medical personnel, outputs treatment protocols prescribed segments of disease and pictorial guides designed for specific patient care management

Patent Assignee: HOUSE A (HOUS-I); ZIONE R (ZION-I)

Inventor: HOUSE A; ZIONE R

Patent Family (2 patents, 89 countries)

Patent Application

Number	Kind	Date	Number	Kind	Date	Update
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WO 2001076460	A2	20011018	WO 2001US11847	A	20010411	200225 B
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AU 200153385	A	20011023	AU 200153385	A	20010411	200225 E
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Priority Applications (no., kind, date): US 2000196154 P 20000411

Patent Details

Number Kind Lan Pg Dwg Filing Notes

WO 2001076460 A2 EN 29 8

National Designated States,Original: AE AL AM AT AU AZ BA BB BG BR BY CA

CH CN CR CU CZ DE DK DM EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE

KG KP KR KZ LC LK LR LS LT LU LV MA MD MG MK MN MW MX NO NZ PL PT RO RU

SD SE SG SI SK SL TJ TM TR TT TZ UA UG US UZ VN YU ZA ZW

Regional Designated States,Original: AT BE CH CY DE DK EA ES FI FR GB GH

GM GR IE IT KE LS LU MC MW MZ NL OA PT SD SE SL SZ TR TZ UG ZW

AU 200153385 A EN Based on OPI patent WO 2001076460

Alerting Abstract ...including regimens of the disease, pictorial guides and treatment protocols is generated along with the **patient** care **information** for a nurse based on a patient's **ICD9 codes** specification. Inspiring messages for the patients and a nursing discharge plan are generated based on...

...USE - For enabling nurses/physicians to provide effective **clinical** management and patient care/services.

...

...nurse interaction. The patient/care services are provided from the time of admission, through discharge **and home** care, by **the** use of computer program solution

Original Publication Data by Authority

Argentina

Assignee name & address:

Original Abstracts:

The present invention relates to nursing software and medical equipment for wound **care**. This Patient Management Nursing Software system invention is to provide an effective computer software management system for **clinical** management of nursing **in** the delivery of **patient** services which include: intake, patient education, positive nurse-client interactions, follow-up and discharge planning...

...empathy and "thoughtfulness" in "provider-client" relations to preserve the "art" of bedside care. The **medical** equipment **for** wound **care** inventions include adjustable pressure irrigators (Fig. 5 and 6), oxygen infusion applicators (Fig. 1, 2...

...wound surface and thus promotes healing. Wound irrigation kits further enhance both the clients and **clinical** practitioners skills by **pre**-organizing the equipment needed for the procedure and reducing material waste and infections from equipment...

Claims:

21/3,K/1 (Item 1 from file: 350)

DIALOG(R)File 350:Derwent WPIX

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0014231320 - Drawing available

WPI ACC NO: 2004-417254/200439

Related WPI Acc No: 2002-635700

XRPX Acc No: N2004-330906

Healthcare **information** providing **method**, involves providing retrieval

system to receive descriptive information associated with International Classification of Diseases or Current Procedural Terminology codes
Patent Assignee: INTERMAP SYSTEMS INC (INTE-N)

Inventor: NORMAN J G

Patent Family (1 patents, 1 countries)

Patent Application

Number Kind Date Number Kind Date Update

US 6738754 B1 20040518 US 1999425779 A 19991022 200439 B

Priority Applications (no., kind, date): US 1999425779 A 19991022

Patent Details

Number Kind Lan Pg Dwg Filing Notes

US 6738754 B1 EN 12 4

Healthcare **information** providing **method, involves providing retrieval system to receive descriptive information associated with International Classification of Diseases or** Current Procedural Terminology codes

Original Titles:

Apparatus and method for directing internet users to **health care** information

Alerting Abstract ...provided. The system receives stored descriptive information associated with International classification of Diseases (ICD) or **Current Procedural Terminology (CPT) codes** based on user initiating a signal corresponding to **ICD or CPT codes**aspects of the ailment, information as to whether the ailment is treatable, information about expected **clinical** course, and information about potential complications. The descriptive information about each of the ailments is associated with **International Classification of Diseases (ICD) codes** or **Current Procedural Terminology (CPT) codes** . INDEPENDENT CLAIMS are also included for the following...

...USE - Used for providing healthcare information that provides relevant **information** about ailment of **the patient** .

...

...ADVANTAGE - The method enables a **health care provider** to direct a **patient** with **minimal effort** to provide **information** about **the** ailment.

Original Publication Data by Authority

Argentina

Assignee name & address:

Original Abstracts:

A method of directing a patient to a source **of health care information** . The **method comprises** placing on a prescription sheet an address for the Internet web site, identifying an ailment of the patient and ascertaining an **ICD or CPT code associated with the ailment** . A key word or an **ICD or CPT code associated with the ailment** is placed on the prescription sheet and the sheet is given to the patient. The patient is instructed to input the key word or **ICD or CPT code** into a **computer communicating** with an Internet web site to obtain

information about the ailment. The Internet web site...

...computer are configured in such a manner that the input of the key word or **ICD** or **CPT code** into the **computer results** in retrieval via the Internet web site of information about the ailment. Further navigation of the **information** within the database **by** the **patient** is made specific **for** that particular disease at that particular stage in its course through assigning a hierarchical system of priorities based upon the makeup of the **ICD** and or **CPT codes** contained within **each segment** of information.

Claims:

...aspects of the ailment, information as to whether the ailment is treatable, information about expected **clinical** course, and information about potential complications, the descriptive information about **each** of the plurality of ailments being associated with a plurality of **ICD** or **CPT codes**; providing a retrieval system accessible by an **Internet** user **using the** Internet, the retrieval system being adapted to receive the stored descriptive information associated with **one** of the **ICD** or **CPT codes** upon the user initiating a signal **corresponding** to said **one** of the **ICD** or **CPT codes**.>

21/3,K/2 (Item 2 from file: 350)

DIALOG(R)File 350:Derwent WPIX

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0013862137 - Drawing available

WPI ACC NO: 2004-040667/200404

Related WPI Acc No: 2004-346359

XRPX Acc No: N2004-032950

Health care **information directing method for Internet user, involves associating content components with codes, and retrieving and sending content components to user after receiving signal sent by user**

Patent Assignee: INTERMAP SYSTEMS INC (INTE-N)

Inventor: NORMAN J G

Patent Family (1 patents, 1 countries)

Patent Application

Number	Kind	Date	Number	Kind	Date	Update
US 6658431	B1	20031202	US 2000655563	A	20000906	200404 B

Priority Applications (no., kind, date): US 2000655563 A 20000906

Patent Details

Number	Kind	Lan	Pg	Dwg	Filing	Notes
US 6658431	B1	EN	7	2		

Health care **information directing method for Internet user, involves associating content components with codes, and retrieving and...**

Original Titles:

Method and apparatus for directing internet users to **health care** information such as names of **health care providers**

Alerting Abstract ...associating content components in a computer database with an international classification of diseases (ICD) or **current procedural terminology (CPT) codes** so that each code employed has

one component. A retrieval system retrieves the content components...
...USE - Used for directing **health care** information to Internet user...

Original Publication Data by Authority

Argentina

Assignee name & address:

Original Abstracts:

...further comprises associating each of at least some of the content components with at least **one** of a plurality of **codes** (such as **ICD** or **CPT codes**) in a **manner so** that each of the plurality of codes employed has at least one of the content...

Claims:

...of components; associating each of at least some of the content components with at least **one** of a plurality of **ICD** or **CPT codes** in a **manner** so that each of **the plurality of ICD or CPT codes** employed has at least **one** of the **content** components **associated therewith**; providing a retrieval system **accessible** by a user using the Internet, the retrieval system being adapted to retrieve the content components associated with any **one** of the **ICD** or **CPT codes** upon receiving a signal sent by **the** user, the **signal** corresponding to **said** any one of the **ICD** or **CPT codes**, the retrieval system comprising a host **computer** system, the **signal** sent by **the** user comprising a signal sent by a client computer system communicating with the host computer system; sending to the user the content components associated with said any **one** of the **ICD** or **CPT codes** upon receiving the signal; the host computer system **being** adapted to **retrieve** descriptive **healthcare information** about a plurality of ailments and being adapted to send to the **client** computer system the **descriptive information** of any one of the plurality of ailments upon receiving from **the client** computer system a **search** query concerning said any one of the plurality of ailments; associating the **descriptive information** of each of the plurality of ailments **with** a plurality of **ICD** or **CPT codes**; sending the descriptive information of said any one of the plurality of ailments to the **client** computer **system via** the Internet, the sending of the descriptive information being initiated by the host computer system...

21/3,K/3 (Item 3 from file: 350)

DIALOG(R)File 350:Derwent WPIX

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0013024005 - Drawing available

WPI ACC NO: 2003-102662/200309

Related WPI Acc No: 2003-067274

XRPX Acc No: N2003-082017

Patient-side decision support system displays subset of international classification **of** disease codes **in hand-held device of physician**

Patent Assignee: DOERR T D (DOER-I); STEHLIN K (STEHLIN K)

Inventor: DOERR T D; STEHLIN K

Patent Family (1 patents, 1 countries)

Patent Application

Number Kind Date Number Kind Date Update

US 20020147615 A1 20021010 US 2001825969 A 20010404 200309 B

US 2001888532 A 20010625

Priority Applications (no., kind, date): US 2001825969 A 20010404; US 2001888532 A 20010625

Patent Details

Number Kind Lan Pg Dwg Filing Notes
US 20020147615 A1 EN 25 32 C-I-P of application US 2001825969

Patient-side decision support system displays subset of international classification of disease codes in hand-held device of physician

Alerting Abstract ...stored program to accept an input designating a methodology for generating a subset of the **international classification of disease (ICD -9) codes** . A navigation menu representing subset of generated **ICD -9 codes** is displayed in the hand-held terminal of a physician.

Original Publication Data by Authority

Argentina

Assignee name & address:

Original Abstracts:

...The physician is presented with a selection of different methodologies that allow rapid selection of **as** many as 26,000 detailed **diagnosis** codes. These rapidly-chosen accurate codes comprise a medical problem list, and they drive the presentation of prewritten prescriptions, educational **information** for physicians and **patient** educational materials, thereby **facilitating** the improvement of **health care** quality and **value**.

Claims:

...a terminal server communicating with the hand-held terminal and holding medical information related to **medical diagnoses** as linked to a set of diagnosis codes, the terminal server **further executing** a stored program to: (a) **accept from** the user input device of the hand-held terminal, input designating a methodology **producing** a subset of the **diagnoses** codes; (b) present on the display of the hand-held terminal a navigation menu a...

...from the user input device of the hand-held terminal a selection of a particular **diagnosis** codes from **the** subset; and whereby a comprehensive set of diagnosis codes can be present to the physician...

21/3,K/4 (Item 4 from file: 350)

DIALOG(R)File 350:Derwent WPIX

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0012780986 - Drawing available
WPI ACC NO: 2002-635700/200268
Related WPI Acc No: 2004-417254
XRPX Acc No: N2002-502206

Internet based prescription pad provision method for patient, involves entering international classification of disease or current procedural terminology codes in web site to obtain information about ailment of patient

Patent Assignee: NORMAN J G (NORM-I)

Inventor: NORMAN J G

Patent Family (1 patents, 1 countries)

Patent			Application			
Number	Kind	Date	Number	Kind	Date	Update
US 20020087533	A1	20020704	US 1999425779	A	19991022	200268 B
			US 200261675	A	20020201	

Priority Applications (no., kind, date): US 1999425779 A 19991022; US 200261675 A 20020201

Patent Details

Number	Kind	Lan	Pg	Dwg	Filing	Notes
US 20020087533	A1	EN	12	4	Continuation of application	US 1999425779

Internet based prescription pad provision method for patient, involves entering international classification of disease or current procedural terminology codes in web site to obtain information about ailment of patient

Original Titles:

Apparatus and method for directing internet users to **health care** information

Alerting Abstract ...on an identified ailment of the patients. The patient is instructed to input the provided **international classification of diseases (ICD) code** or **current procedural terminology (CPT) code** in the web site which results in retrieval of information about the ailment....Method for directing a patient to **a source of health care information**; **Internet** navigational system for providing **health care** information; Prescription **pad for providing health care information** to patient .

...
 ...USE - For providing prescription pad (claimed) to facilitate **health care information** for **patient** and for treatment of **diseases** such as **breast** cancer...

...ADVANTAGE - By using special standardized codes, **health care information** is provided to **patients** with **minimum effort**, through an Internet web **site**. Provides effective, reliable and nationwide communication among physicians, patients and others. Enables physicians to have confidence **that the patient** receives the precise **information** conveyed by the **physician**.

Original Publication Data by Authority**Argentina**

Assignee name & address:

Original Abstracts:

A method of directing a patient to a source of **health care information**. The **method comprises** placing on a prescription sheet an address for the Internet web site, identifying an ailment of the patient and ascertaining an **ICD or CPT code associated with the ailment**. A key word or an **ICD or CPT code associated with the ailment** is placed on the prescription sheet and the sheet is given to the patient.

The patient is instructed to input the key word or **ICD** or **CPT code** into a **computer communicating** with an Internet web site to obtain information about the ailment. The Internet web site...

...computer are configured in such a manner that the input of the key word or **ICD** or **CPT code** into the **computer** results in retrieval via the Internet web site of information about the ailment. Further navigation of the **information** within the database **by** the **patient** is made specific **for** that particular disease at that particular stage in its course through assigning a hierarchical system of priorities based upon the makeup of the **ICD** and or **CPT codes** contained within **each segment** of information.

Claims:

What is claimed is: **1**. A method of using a prescription pad to facilitate providing **health care information** to a **patient**, the prescription pad **having a plurality** of prescription **sheets**, the method comprising: performing a diagnostic procedure on a patient to identify an ailment of...

...web site, information about the ailment being accessible via the Internet web site; and giving **the** one prescription sheet to the **patient**.

21/3,K/5 (Item 5 from file: 350)

DIALOG(R)File 350:Derwent WPIX

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0012705765 - Drawing available

WPI ACC NO: 2002-557129/200259

Related WPI Acc No: 1998-582368; 2006-527060

XRPX Acc No: N2002-441037

Internet-based medical records, documentation, management system for hospital, receives patient data from peripheral units and stores transcribed dictations in file servers as text associated with patient data

Patent Assignee: LYNCH W J (LYNC-I); ROSS J E (ROSS-I)

Inventor: LYNCH W J; ROSS J E

Patent Family (1 patents, 1 countries)

Patent Application

Number	Kind	Date	Number	Kind	Date	Update
US 20020072934	A1	20020613	US 1996676458	A	19960708	200259 B
			US 1998100100	A	19980619	
			US 2001901512	A	20010709	

Priority Applications (no., kind, date): US 1996676458 A 19960708; US 1998100100 A 19980619; US 2001901512 A 20010709

Patent Details

Number Kind Lan Pg Dwg Filing Notes

US 20020072934 A1 EN 242 7 Continuation of application US 1996676458

Continuation of application US

1998100100

Internet-based medical records, documentation, management system for hospital, receives patient data from peripheral units and stores

transcribed dictations in file servers as text associated with patient data

Alerting Abstract ...backup servers (3), receives incoming transcription. Multiple peripheral units (9) connected to the network, provide **patient data** . A transcription system (5) stores transcribed dictations in the file servers as text associated with the **patient data** . DESCRIPTION - An INDEPENDENT CLAIM is included for **patient records** , documentation, management method...

...USE - For generating and managing **records** of **patient** using Internet, for providing to nurses and physicians in **hospital** .

...
...format that meets HCFA criteria for proper billing for care rendered, meets E and M **coding** criteria and facilitates **CPT coding** . Provides speed and accuracy in documentation and speaks the language of medicine. Provides instant access to massive quantities of **patient data** . Storage techniques innovative allowing simultaneous access and input to the same chart. Enables research and remote analysis by real-time secured remote access to the database by physicians and other **hospital** facilities. Provides triage, exit instructions, patient tracking and every phase of the encounter while maintaining security, privacy and integrity of data. **Allows** data entry independence. Provides **care** at reduced overall cost

Title Terms.../Index Terms/Additional Words: **HOSPITAL** ;

Original Publication Data by Authority

Argentina

Assignee name & address:

Claims:

...communication server(s), in the file servers, and in the peripheral CPU's for receiving **patient data** in the peripheral CPU's via the touch screens, mouses, and keyboards and for storing the **patient data** in the peripheral CPU's and the file servers; and a distributed dictation system having...

...file servers, storing the dictated transcriptions in the file servers as text associated with the **patient data** for particular **patients** , printers connected to the network for printing reports on individual patients and system management reports...

File 348:EUROPEAN PATENTS 1978-200911

(c) 2009 European Patent Office

File 349:PCT FULLTEXT 1979-2009/UB=20090219|UT=20090212

(c) 2009 WIPO/Thomson

Set	Items	Description
S1	56481	(HEALTH OR MEDICAL OR SURGICAL)(1W)(CARE OR SERVICE?? OR TREATMENT?? OR DIAGNOS?)
S2	210137	(HEALTHCARE OR HEALTH OR MEDICAL OR OSTEOPATHIC OR PEDIATRIC)(1W)(PROVID? OR PROVISION? OR SERVICE?? OR PROFESSIONAL?? - OR PRACTITIONER? OR OFFICE??) OR HOSPITAL OR CLINIC??
S3	132891	(CUSTOMER?? OR PATIENT?? OR PERSON?? OR CLIENT??)(5N)(INFORMATION OR DATA OR RECORD?? OR FILE??)
S4	809	(CPT OR CPTS OR CURRENT()PROCEDURAL()TERMINOLOG??? OR ICD - OR ICD?? OR INTERNATIONAL()CLASSIFICATION(1W)DISEASE??)(3N)(CODE?? OR CODING OR VALUE?? OR NUMBER?? OR BILLING)
S5	113901	INPATIENT?? OR IN(PATIENT?? OR OUTPATIENT?? OR OUT()PATIENT?? OR NURSING()HOME?? OR OTHER()(LOCATION?? OR SERVICE??) OR DOCTOR??(2N)OFFICE OR PATIENT??(2N)HOME??
S6	1079461	SERVICE?? OR CARE OR TREATMENT?? OR DIAGNOS????
S7	99723	S6(5N)(APPROV? OR DISAPPROV? OR PERMISSION?? OR CONFIRM? OR ACCEPT? OR ALLOW? OR AUTHORIZ? OR REFUS? OR REJECT? OR DISALLOW?)
S8	13945	S3(5N)(OBTAIN? OR ACQUIR? OR GET OR GETS OR GETTING)
S9	44271	S6(5N)(REQUEST? OR ASK OR ASKS OR ASKING OR SOLICIT? OR SEEK??)
S10	188	S4(5N)(SINGLE OR ONE OR 1)
S11	2	AU=(MERKIN, R? OR MERKIN R?)
S12	0	S11 AND S1
S13	10348	(S1 OR S2)(S)S3
S14	15	S13(S)S4(S)S5
S15	6	S14(S)(S7 OR S8 OR S9 OR S10)
S16	5	S15 NOT AD=20030708:20090325/PR
S17	2	S14 AND IC=G06Q?
S18	2	S17 NOT S16
S19	0	S18 NOT AD=20030708:20090325/PR

16/3,K/3 (Item 3 from file: 349)

DIALOG(R)File 349:PCT FULLTEXT

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00539970 **Image available**

METHOD AND SYSTEM FOR ELECTRONICALLY MANAGING AND REIMBURSING MEDICAL CARE

PROCEDE ET SYSTEME DE GESTION ET DE REMBOURSEMENT DE SOINS MEDICAUX

Patent Applicant/Assignee:

ASTERION INC,
GRATIAS Gregory A,
LENNON Joseph B,
NURZHANOV Bakhitzhan,

Inventor(s):

GRATIAS Gregory A,
LENNON Joseph B,
NURZHANOV Bakhitzhan,

Patent and Priority Information (Country, Number, Date):

Patent: WO 200003343 A1 20000120 (WO 0003343)

Application: WO 99US15429 19990709 (PCT/WO US9915429)

Priority Application: US 98113939 19980710

Designated States:

(Protection type is "patent" unless otherwise stated - for applications prior to 2004)

AE AL AM AT AU AZ BA BB BG BR BY CA CH CN CU CZ DE DK EE ES FI GB GD GE
GH GM HR HU ID IL IN IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MD MG MK
MN MW MX NO NZ PL PT RO RU SD SE SG SI SK SL TJ TM TR TT UA UG US UZ VN
YU ZA ZW GH GM KE LS MW SD SL SZ UG ZW AM AZ BY KG KZ MD RU TJ TM AT BE
CH CY DE DK ES FI FR GB GR IE IT LU MC NL PT SE BF BJ CF CG CI CM GA GN
GW ML MR NE SN TD TG

Publication Language: English

Fulltext Word Count: 16559

Fulltext Availability:

Detailed Description

Claims

Claim

... that a patient has some type of heart irregularity, but may not be qualified or **authorized** to make the particular **diagnosis** needed to recommend **ICD -9** and **CPT codes** . A specialist performing provider who receives a referral may be even less familiar with the...

...UM groups to track referrals and services performed, to preauthorize a variety of referrals and **services** , to determine whether to **authorize** payment for claims. and to supply and track payments. The current situation is also frustrating...

...because each time they visit a new provider they must re-specify a variety of **patient data** before receiving care. and the provider will have to re-enter information about past services...

...THE INVENTION

Some embodiments of the present invention provide a method and system for guiding **medical service** providers in making referrals and in selecting services to be provided that are automatically authorized for specified payments. The svstem creates and shares electronic **patient claim records** (PCRs) that are transferred between providers and other authorized users. and that are automatically paid...

...If the patient is to be referred to a performing provider for the provision of **medical services** , the system assists the user in specifying the referring and performing providers. a referral basis...

...assists a user in specifying diagnosis and service codes for which the system can automaticaliv **authorize** payment. If the **treatment** is automatically **authorized** , a payment amount is automatically determined and disclosed to the performing provider, and the determined amount is automatically paid. If a referral. **treatment** , or payment **request** cannot be automaticallv authorized. the svstem for-wards the corresponding PCR to an appropriate person...

...particular case manager). The system also supports specialized functionality, such as separate support functions for **hospital** performing providers. For such performing providers, the system tracks

information such as admission and discharge...Performing Provider routine.

Figure 233 is an exemplary flow diagram of an embodiment of the **Hospital** routine.

Figure 24 is an exemplary flow diagram of an embodiment of the Adjudication routine...

...THE INVENTION

An embodiment of the present invention provides a method and system for guiding **medical service** providers (-providers"), in making referrals and in selecting I O services to be provided that...

...specified payments. In particular, the Electronic Managed Care Commerce (EMCC) system creates and shares electronic **patient claim records** (PCRs) that are transferred between providers and other users, and that are automatically paid when they are either automatically or manually **authorized**. Since referrals and **services** can be automatically **authorized** for guaranteed payment, uncertainty of providers about reimbursement and under-payments can be reduced and...

...variety of different EMCC client computers or terminals at various locations.

When a person first **seeks care** from a provider (e.g., their primary care provider), a user at that location uses an EMCC Gatekeeper module to initiate the provision of **medical care** to the person. The Gatekeeper module acts as an entry point into the EMCC system...

...by the EMCC system.

The Gatekeeper module begins a referral bN 7 creating an electronic **patient claim record** (PCR) for the **patient**. The PCR represents the current encounter as well as any subsequent referral and services. storing...

...retrieve from the EMCC Server a list of insurance plan members who are eligible for **medical treatment**. This list could include any member of which the EMCC I O system was aware...

...practitioner, only those patients for whom she is their primary care provider). After the member **information** for the **patient** is selected by the user, the Gatekeeper module can similarly assist in displaying patient medical...

...primary care provider for the patient, other providers (e.g., a nurse practitioner or a **hospital**) may also be authorized to make a referral depending on the insurance plan, the patient...

...example, when a patient first sees their primary care provider for an infection, the only **authorized** referral and **services** may be for that provider to prescribe antibiotics. However, if this treatment is not effective, the context of this past **treatment** selection may **allow** a later referral to a specialist to be automatically authorizable. Similarly, when the head of...

...have a wider range of performing -5 providers to v.-hich referrals can be automatically **authorized** than would the average primary **care**

provider.

After specifying referring and performing providers, the Gatekeeper module assists the user in specifying...at other times (e.g., a specialist performing provider who receives a referral which **authorizes** one type of **service** may perform a self-referral to **authorize** additional types of **service**). If the user of the Gatekeeper module selects only choices indicated to be automatically authorizable...

...information in the PCR and retrieve additional related information from the EMCC Server (e.g., **patient** medical history or performance **data** for the referring provider). The Authorization module user can then manually authorize the referral, either...

...authorization received while the patient is still at the provider's location. When the patient **seeks medical care** at the performing provider, a user at that location uses an EMCC Performing Provider (PP...

...the PP module and continue the encounter.

The PP module assists a user in viewing **information** from the PCR for the **patient** . and can retrieve and display related information from the EMCC Server such as **patient** medical history or **patient** demographic **information** . The PP module then assists the user in specifying one or more diagnosis codes related...

...PCR. As with the Gatekeeper module, the PP module indicates choices for the diagnosis and **service** codes that can be automatically **authorized** by the EMCC system. In one embodiment, the context of past specifications, including specifications from...

...the user of the PP module selects only choices which the EMCC system can automatically **authorize** , then the **services** are automatically **authorized** . If so, the PP module determines the payment that will be received for the **authorized services** . and the PCR is sent to a Paylist module for immediate payment.
The EMCC system...

...while hospitals are one type of performing provider, the EMCC system can

have an EMCC **Hospital** module which is unique from the PP module. When the patient **seeks medical care** at the **hospital** , a user at that location uses a **Hospital** module to display the electronic PCR for the person. In addition to the functions performed by the PP module, the **Hospital** module can assist the user in performing **hospital** -specific activities such as admitting and discharging the patient and recording journal entries for I O the period during which the patient is admitted. If the **hospital** provides only services which the **Hospital** module can automatically **authorize** , then these **services** are automatically **authorized** . the payment that will be received is automatically determined, and the PCR is sent to the Paylist module for immediate payment.

If the user of a PP or **Hospital** module specifies choices which cannot be

1 5 automatically authorized, then the PCR is sent...

...then use the Adjudication module to manually authorize a specified amount of payment for specific **services** . Upon manual **authorization** of payment, the PCR is forwarded to the Paylist module for immediate payment. As with...5 systems. Since the EMCC system guides providers through the process of specifying referrals and **treatments** that can be automatically **authorized** ., the providers can promptly receive payment without the uncertainties and delays associated with prior systems. Conversely, the automatic **approval** of referrals and **treatments** performed by the EMCC system frees insurance plans and/or UM groups from manual review...

...can provide point-of-care protocols and sophisticated disease management. In addition, combining together all **information** related to a **patient** , including demographic, medical history and **medical treatment** information, provides various advantages. The combination of all information together eliminates the need to do...

...of provider, including solo practitioner doctors, groups of doctors working together, managed care organizations, hospitals, **clinics** , laboratories, pharmacies, alternative **medical care** providers, rehabilitation centers, etc. In addition, those skilled in the art will appreciate that some embodiments of the EMCC system can be used to pre-**authorize** referrals and **services** before the referral is made or the service is performed, while other embodiments may only...

...activities of various EMCC modules and which facilitates the transfer of electronic PCRs and other **information** between these modules. When a **person** first **seeks care** , they will typically go to their primary care provider. The primary care provider will use...

...then be used to refer the patient to an authorized performing provider who will perform **medical services** , with the referral indicating the types of **services** which are **authorized** to be performed. if a referral to a **hospital** for admission is authorized, the Gatekeeper module and/or the EMCC Server will transmit the corresponding electronic PCR to a **Hospital** module 125. If an authorized referral is not for a **hospital** admission, the Gatekeeper and/or the EMCC Server will instead transmit the electronic PCR to...

...or deny the referral and forward an authorized electronic PCR to the appropriate PP or **Hospital** module for the performing provider. When the patient **seeks care** at the specified performing provider, it is not necessary to re-enter **patient information** or re-verify **patient** eligibility since the electronic PCR contains this information. Instead, the referral information in the PCR can be used by the PP or **Hospital** module to guide the performing provider through the process of specifying **diagnosis** and **service** codes which are **authorized** for specified payments. After **services** are provided or a patient is discharged, the PP or **Hospital** module and/or the EMCC Server transmit the authorized updated electronic PCR to the Paylist module I3) 5 to initiate payment. Alternately, if a performing provider chooses diagnosis or **service** codes which cannot be automatically **authorized** , the PP or **Hospital** module and/or EMCC Server transmit the electronic PCR as a request for payment to Anderson **seeking medical care** from his primary **care** provider.

Dr. Ted Smith. When Mr. Anderson initiates a visit to Dr. Smith's office
...

...as shown in Figure 3. As indicated, the user has now entered the
Create/Edit **Patient Claim Records** portion of the UI. with the first
of eight actions related to creating a new PCR being to identify the
insurance plan member **information** for the **patient** . As part of
creating a new PCR, the EMCC system automatically assigns a unique
identifier...

...that
information which is appropriate under the current circumstances. For
example, if the only two **doctors** at this **office** are Ted Smith and Jan
Wu, only insurance plan member information for members which have...

...member listing for all known insurance plan members. Alternately, the
user could manually specify the **patient information** and attempt to
verify eligibility. In addition, the user can at any time select the...

...additional information.

Referring now to UI screen 400 shown in Figure 4, this screen shows
patient eligibility and other **information** for Mr. Anderson. A variety
of **patient information** can be displayed, including **information**
about when the eligibility of the patient as a member of the insurance
plan was...plan and the past treatment history from associated PCRs. For
example, when a patient first
seeks treatment . it is possible that only a doctor may be

authorized to refer the patient
1...

16/3,K/4 (Item 4 from file: 349)

DIALOG(R)File 349:PCT FULLTEXT
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00492237 **Image available**

**METHOD AND SYSTEM OF ENCODING AND PROCESSING ALTERNATIVE
HEALTHCARE**

PROVIDER BILLING

**PROCEDE ET SYSTEME PERMETTANT LE CODAGE ET LE TRAITEMENT DE
FACTURATIONS**

RELATIVES A DES PRESTATIONS DE SERVICES DE MEDECINE PARALLELE

Patent Applicant/Assignee:

GIANNINI Jo Melinna,

Inventor(s):

GIANNINI Jo Melinna,

Patent and Priority Information (Country, Number, Date):

Patent: WO 9923589 A1 19990514

Application: WO 97US19419 19971030 (PCT/WO US9719419)

Priority Application: WO 97US19419 19971030

Designated States:

(Protection type is "patent" unless otherwise stated - for applications
prior to 2004)

AL AU BA BB BG BR BY CA CN CU CZ EE GE HU ID IL IS JP KE KP KR LC LK LR
LS LT LV MG MK MN MX NO NZ PL RO SG TT UA UZ VN YU GH KE LS MW SD SZ UG

ZW AM AZ BY KG KZ MD RU TJ TM AT BE CH DE DK ES FI FR GB GR IE IT LU MC
NL PT SE BF BJ CF CG CI CM GA GN ML MR NE SN TD TG
Publication Language: English
Fulltext Word Count: 5700

Fulltext Availability:
Detailed Description
Claims

Claim

... procedure,
good or service which equates any one service relative
to the value of all **other services** . A conversion
factor is used to convert an RVU into a payment amount
which...representation of an
exemplary code conversion table from ABC codes of the
present invention to **CPT** or similar **codes** .
Similar reference characters denote corresponding
features consistently throughout the attached
drawings.

DETAILED DESCRIPTION OF THE PREFERRED EMBODIMENT

The present invention relates to a method and system
of encoding and processing **healthcare provider**
billing, more particularly, a computer assisted
network for encoding, documenting and processing fee
charges...medicine by doctors and
osteopaths, which require broad certification or
licensing, and which arts are **accepted** by insurers as
payable for **treatment** claims, to non-traditional arts,
such as Homeopathy, which is currently not payable for
treatment...

...Food Stores Therapeutic Touch
Hellerwork Trager Work
Herbal Medicine Transition
Holistic Medicine (Death Counseling)
Home **Health Care** Tui Na
Homeopathy Water (Pool) Therapy
Hospice Holistic Wellness
Medicine
Hypnotherapy Yoga Therapy
Iridology Massage...

...terms to represent cost input and code reports from
any provider by state and zip **code** .
Unlike **CPT codes** , the ABC has the attribute of
consistency in its assemblage whereby it can convey
information...block 57.
When a participating provider accesses ACS 10, the
claim form 18 having raw **information** including both
the **patient information** and the minimum provider
information or data (including provider fee, or in the
alternative, an RVU adjusted amount claimed for...as such insurance
carriers are generally not familiar internally with a
method of processing alternative **healthcare provider**

claims, a conversion table is necessary to convert the ABC 34 to the traditionally accepted forms of **coding** , such as **CPTs** . The relative cost of a procedure is typically derived by assigning a conversion factor for...

...and R respectively.

Therefore, a conversion database 40 is provided containing a table of corresponding **CPT** and **ICD CM codes** to help the payer translate the information from the ABC, shown by the "AM" designation...of the conversion table 70 (exclusively for use with alternative medicine) with the appropriate service **code numbers** (**CPT codes**) 72 of the left column of the conversion table 74 as used by the insurance...

16/3,K/5 (Item 5 from file: 349)

DIALOG(R)File 349:PCT FULLTEXT

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00360816 **Image available**

**COMPUTER-IMPLEMENTED METHOD FOR PROFILING MEDICAL CLAIMS
PROCEDE INFORMATIQUE SERVANT A ETABLIR UN PROFIL DES RECLAMATIONS AU
TITRE**

DE FRAIS MEDICAUX

Patent Applicant/Assignee:

SYMMETRY HEALTH DATA SYSTEMS INC,

Inventor(s):

DANG Dennis K,

Patent and Priority Information (Country, Number, Date):

Patent: WO 9701141 A1 19970109

Application: WO 96US10787 19960624 (PCT/WO US9610787)

Priority Application: US 95493728 19950622

Designated States:

(Protection type is "patent" unless otherwise stated - for applications prior to 2004)

AU CA JP AT BE CH DE DK ES FI FR GB GR IE IT LU MC NL PT SE

Publication Language: English

Fulltext Word Count: 21067

Fulltext Availability:

Detailed Description

Claims

Claim

... profiling system, under the trademark VALUE PROFILER, that utilizes a DB2 mainframe relational database with **1**,800 groups. The system uses **ICD9** and **CPT -4 codes** which are bucket codes. Based on quality and costeffectiveness of care, the system evaluates all...

...are associated with a particular condition and designated provider. The automated practice review system analyzes **health care** claims to identify and correct aberrant claims in a pre-payment mode (Value Coder) and...

...programs described in foregoing patents and non-patent literature demonstrate that, while conventional computer-implemented **health care** systems exist, they each suffer from the principal disadvantage of not identifying and grouping medical...

...basis or shifting episodic groupings based upon complications or co-morbidities. The present computer-implemented **health care** system contains important improvements and advances upon conventional **health care** systems by identifying concurrent and recurrent episodes, flagging records, creating new groupings, shifting groupings for changed **clinical** conditions, selecting the most recent claims, resetting windows, making a determination if the provider is...

...provide a medical claims profiling system that allows an objective means for measuring and quantifying **health care services**. It is a further object of the present invention to provide a medical claims profiling... the present invention to provide a medical claims profiling system that shifts groupings for changed **clinical** conditions. It is a further object of the present invention to provide a medical claims...

...system that resets windows of time based upon complications, co-morbidities or increased severity of **clinical** conditions. It is a further object of the present invention to provide a **health care** system that continues to collect claim information and assign claim information to an episode treatment...

...treatment is detected. It is a further object of the present invention to provide a **health care** system that creates orphan records. It is a further object of the present invention to provide a **health care** system that creates phantom records. The foregoing objectives are met by the present system which allows an objective means for measuring and quantifying **health care services** based upon episode treatment groups (ETGs). An episode treatment group (ETG) is a clinically homogenous...

...data as input data and assigns each service to the appropriate episode. ETGs gather all **in - patient**, ambulatory and ancillary claims into mutually exclusive treatment episodes, regardless of treatment duration, then use **clinical** algorithms to identify both concurrent and recurrent episodes. ETG grouper method continues to collect information...

...which includes the change in condition. ETGS identify all providers treating a single illness episode, **allowing** the user to uncover specific **treatment** patterns. After adjusting for case-mix, ETGs measure and compare the financial and **clinical** performance of individual providers or entire networks. ...time duration from date of episode to current date. After all open episodes for a **patient** are identified, the new claims **data** records are read to memory and validated for type of provider, **CPT code** and **ICD -9 (dx) code**, then identified as a management, surgery, facility, ancillary, drug or other record. As used herein...

...a service by a provider engaging in the direct evaluation, management or treatment or a **patient**. Examples of management **records** include office visits and therapeutic services. Management records serve as anchor records because they represent...

...which represent services which are incidental to the direct evaluation, management and treatment of the **patient**. Examples of ancillary **records** include X-ray and laboratory tests. "Surgery records" are specific surgical claims. Surgery records also serve as anchor records. "Facility records" are claims for **medical care** facility usage. Examples of facility records include **hospital** room charges or **outpatient** surgical room charges. "Drug records" are specific for pharmaceutical prescription claims. "Other records" are those...If any of the additional or subsequent diagnoses is a defined co-morbidity diagnosis, the **patient's** co-morbidity **file** updated. If no match between the first diagnosis code and an open episode is found...

...3 is a flow diagram illustrating an Eligible Record Check routine which validates and sorts **patient claim data records**. FIGS. 4A to 4F are flow diagrams illustrating the Management Record Grouping Sub-routine of ...Episode Definer Routine of the present invention. FIG. 12 is a diagrammatic representation of an **1-9 Diagnosis Code 9 (dx) X CPT Code** table illustrating predetermined table values called by the Episode Definer Routine of the present invention...

...THE PREFERRED EMBODIMENT

Referring particularly to the accompanying drawings, the basic structural elements of a **health care** management system of the present invention are shown. **Health care** management system consists generally of a computer system IO. Computer system IO is capable of...

...conceptually similar to Diagnostic Related Groups (DRGs), with a principal difference being that DRGs are **inpatient** only. ETGs encompass both **inpatient** and **outpatient** treatment. Using ETGs as the basic episodic definer permits the present invention to track concurrently... Treatment Groups (ETGs). The number of ETGs may vary, depending upon the definitional specificity the **health care** management organization desires. Presently, the inventive system defines 558 ETGs, which are assigned ETG Numbers...

...and hard-coded into the inventive system and will vary across analysis periods. If no **ICD-9 (diagnosis code)** on a given record matches the **CPT-4 code**, i.e., a diagnosis of bronchitis and a CPT of knee x-ray, an invalid...

...The inventive system outputs invalid records and discontinues the processing of these records. An invalid **ICD-9 code** is assigned to ETG 997, an invalid **CPT-4 code** is assigned to ETG 996 and an invalid provider type is assigned to ETG 995...

File 2:INSPEC 1898-2009/Mar W3
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File 35:Dissertation Abs Online 1861-2009/Feb
(c) 2009 ProQuest Info&Learning
File 65:Inside Conferences 1993-2009/Mar 24
(c) 2009 BLDSC all rts. reserv.
File 99:Wilson Appl. Sci & Tech Abs 1983-2009/Feb
(c) 2009 The HW Wilson Co.
File 474:New York Times Abs 1969-2009/Mar 25
(c) 2009 The New York Times
File 475:Wall Street Journal Abs 1973-2009/Mar 24
(c) 2009 The New York Times

Set	Items	Description
S1	124048	(HEALTH OR MEDICAL OR SURGICAL)(1W)(CARE OR SERVICE?? OR TREATMENT?? OR DIAGNOS?)
S2	345555	(HEALTHCARE OR HEALTH OR MEDICAL OR OSTEOPATHIC OR PEDIATRIC)(1W)(PROVID? OR PROVISION? OR SERVICE?? OR PROFESSIONAL?? - OR PRACTITIONER? OR OFFICE??) OR HOSPITAL?? OR CLINIC??
S3	65335	(CUSTOMER?? OR PATIENT?? OR PERSON?? OR CLIENT??)(5N)(INFORMATION OR DATA OR RECORD?? OR FILE??)
S4	339	(CPT OR CPTS OR CURRENT()PROCEDURAL()TERMINOLOG??? OR ICD - OR ICD?? OR INTERNATIONAL()CLASSIFICATION(1W)DISEASE??)(3N)(C-ODE?? OR CODING OR VALUE?? OR NUMBER?? OR BILLING)
S5	60437	INPATIENT?? OR IN()PATIENT?? OR OUTPATIENT?? OR OUT()PATIENT?? OR NURSING()HOME?? OR OTHER()(LOCATION?? OR SERVICE??) OR DOCTOR??(2N)OFFICE OR PATIENT??(2N)HOME??
S6	1739164	SERVICE?? OR CARE OR TREATMENT?? OR DIAGNOS????
S7	31303	S6(5N)(APPROV? OR DISAPPROV? OR PERMISSION?? OR CONFIRM? OR ACCEPT? OR ALLOW? OR AUTHORIZ? OR REFUS? OR REJECT? OR DISALLOW?)
S8	2568	S3(5N)(OBTAIN? OR ACQUIR? OR GET OR GETS OR GETTING)
S9	12396	S6(5N)(REQUEST? OR ASK OR ASKS OR ASKING OR SOLICIT? OR SEEK??)
S10	17	S4(5N)(SINGLE OR ONE OR 1)
S11	30	AU=(MERKIN, R? OR MERKIN R?)
S12	0	S11 AND S1
S13	15717	(S1 OR S2) AND S3
S14	51	S13 AND S4
S15	15	S14 AND S5
S16	0	S15 AND S7
S17	3	S15 AND (S8 OR S9 OR S10)
S18	2	S17 NOT PY=>2004
S19	2	RD (unique items)
S20	347	S13 AND S7
S21	32	S20 AND (S8 OR S9 OR S10)
S22	12	S21 AND (ADMINIST? OR MANAG?)
S23	12	S22 NOT S18
S24	11	S23 NOT PY=>2004
S25	11	RD (unique items)

19/3,K/1 (Item 1 from file: 2)
DIALOG(R)File 2:INSPEC
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08931483 INSPEC Abstract Number: B2004-05-7510P-043, C2004-05-7140-036

Title: Web-based outpatient radiology order entry

Author(s): Rosenthal, D.I.; Schultz, T.J.; Hirschorn, D.S.; Dreyer, K.J.; Thrall, J.H.

Author Affiliation: Massachusetts Gen. Hosp., Boston, MA, USA

Journal: Journal of Digital Imaging Conference Title: J. Digit. Imaging (USA) vol.16, suppl. p.49-50

Publisher: Springer-Verlag,

Publication Date: 2002 Country of Publication: USA

CODEN: JDIMEW ISSN: 0897-1889

SICI: 0897-1889(2002)16+L.49:BORO;1-L

Material Identity Number: D125-2003-005

Conference Title: 20th Symposium for Computer Applications in Radiology (SCAR 2003)

Conference Date: 7-10 June 2003 Conference Location: Boston, MA, USA

DOI: 10.1007/s10278-001-0025-9

Language: English

Subfile: B C

Copyright 2004, IEE

Title: Web-based outpatient radiology order entry

Abstract: Diagnostic imaging examinations are initiated by a **request** from a **clinical service**. In order for the radiology department to respond appropriately, the request must meet several stringent criteria.

Clinical information must be provided in a form that can be translated into standard International Classification of Diseases, 9th revision (**ICD-9**), **codes** for **billing** and reimbursement. The radiology department should be able to respond to a **request** by providing the **service** at a time that is appropriate for the **clinical** context and feasible for the **patient**. The **information** requirements for **inpatients** and **outpatients** are similar; however, scheduling issues primarily affect **outpatients**. Our radiology information system (RIS) includes a scheduling module that is administered by trained radiology **service** representatives (RSRs).

Outpatient requests are scheduled by telephone. As an alternative, a Web-based system was designed and implemented...

... appointments and ensure adequate information capture. Radiology order entry (ROE) has significantly simplified and streamlined **outpatient** examination scheduling for our referrers and greatly improved data accuracy and completeness.

Identifiers: Web-based **outpatient** radiology order entry...

... **outpatient** examination scheduling

19/3,K/2 (Item 1 from file: 35)

DIALOG(R)File 35:Dissertation Abs Online

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891875 ORDER NO: AAD85-18896

CASEMIX AND DETERMINANTS OF RESOURCE UTILIZATION IN ALTERNATE AMBULATORY

SITES (OUTPATIENT DEPARTMENTS, COMMUNITY, NEIGHBORHOOD HEALTH CENTERS)

Author: HENDERSON, MARY GRIFFIN

Degree: PH.D.

Year: 1985

Corporate Source/Institution: BRANDEIS U., THE F. HELLER GRAD. SCH. FOR
ADV. STUD. IN SOC. WEL. (0541)
Source: VOLUME 46/07-A OF DISSERTATION ABSTRACTS INTERNATIONAL.
PAGE 2017. 282 PAGES

**CASEMIX AND DETERMINANTS OF RESOURCE UTILIZATION IN ALTERNATE
AMBULATORY
SITES (OUTPATIENT DEPARTMENTS, COMMUNITY, NEIGHBORHOOD HEALTH
CENTERS)**

...study was undertaken to provide information about the differences
in adult primary care delivered in **hospital outpatient** departments
(OPDs) and community health centers (CHCs), two settings which are
frequently major sources of...

...way. This research produced comparative information about two samples:
1,710 visits to three teaching **hospital** OPDs and 2,235 visits to seven
CHCs, all located in Boston, Massachusetts.

The samples...

...survey instrument, modelled on the National Ambulatory Care Medical
Survey (NAMCS), was designed to capture **information** in the following
areas: **patient** sociodemographic characteristics; medical problem
variables, including principal and secondary diagnoses; provider type;
visit status characteristics...

...The data were also used to evaluate the ability of three measures of
ambulatory casemix, **ICD -9-CM** diagnosis **codes**, Diagnosis Clusters and
Ambulatory Visit Groups, to describe the content of care and explain
variations...

...results indicated that there were clear differences between the patients
seen in the two settings. **Hospital** OPD patients were older, had more
psychosocial problems and were more likely to be minorities. Most
important, patients seen in the OPD were **seeking care** for more severe
principal **diagnoses** and had more secondary diagnoses.

Multivariate analyses on the determinants of resource intensity
for three...

...significant predictors of resource utilization were discussed.

These findings have implications relating to access to **health
care services** in inner-city areas, casemix adjustment mechanisms for
ambulatory care payment systems and the establishment...

25/3,K/1 (Item 1 from file: 2)

DIALOG(R)File 2:INSPEC

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08931121

Title: Forty to one [Internet applications in health care]

Journal: Health Management Technology vol.24, no.6 p.128, 130

Publisher: Nelson Publishing,

Publication Date: June 2003 Country of Publication: USA

CODEN: HMTEE2 ISSN: 0745-1075

SICI: 0745-1075(200306)24:6L:128:FIAH;1-W

Material Identity Number: C274-2003-008

Language: English

Subfile: D

Copyright 2004, IEE

Title: Forty to one [Internet applications in health care]

Abstract: This paper discusses how Bon Secours Cottage **Health Services** (BSCHS), based in the area around Grosse Pointe, collects on the uncollectible and gains the...

... demographic information from multiple data sources, including all three national credit bureaus, SearchAmerica's online **service allowed** an **authorized** user to obtain an individual's basic information such as full name, address, phone number...

... limited information that the user had. It also ensured sensitivity to the privacy issues surrounding **personal health information** by complying with the three primary acts related to an individual's identifiable data: the...

... time to accessing the service on a daily or weekly basis to locate updated demographic **information**, **patient** financial services **gets** statements into patients' hands more quickly, which means statements spend fewer days in accounts receivable...

...Descriptors: **health care**; ...

...records **management**

...Identifiers: Bon Secours Cottage **Health Services**; ...

... **personal** basic **information**; ...

... **personal** health **information**;

25/3,K/2 (Item 2 from file: 2)

DIALOG(R)File 2:INSPEC

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02644702 INSPEC Abstract Number: C81009350

Title: Application of a computerized information retrieval system for patient care management : the CML concept

Author(s): Johns, M.A.

Author Affiliation: Lib. of Health Sci., Peoria School of Medicine, Univ. of Illinois, Peoria, IL, USA

Conference Title: Proceedings of the Fourth Annual Symposium on Computer Applications in Medical Care Part I p.325-9

Editor(s): O'Neill, J.T.

Publisher: IEEE, New York, NY, USA

Publication Date: 1980 Country of Publication: USA xxxiv+694 pp.

Conference Sponsor: IEEE

Conference Date: 2-5 Nov. 1980 Conference Location: Washington, DC, USA

Language: English

Subfile: C

Title: Application of a computerized information retrieval system for patient care management : the CML concept

Abstract: A **Clinical** Medical Librarian (CML) program has been established in Peoria, Illinois. It attempts to bring relevant **patient care information** to the clinician within a 24 hour time frame. A computerized information retrieval system is...

... resource tool. Evaluation of the program is based upon a linear progression of events: 1) **acceptance**, 2) impact on health **care** and 3) influence on information **seeking** skills. Analysis of the first 6 month period of the program is presented.

...Identifiers: patient care **management**; ...

... **Clinical** Medical Librarian...

... **health care**

25/3,K/3 (Item 1 from file: 35)

DIALOG(R)File 35:Dissertation Abs Online

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02021265 ORDER NO: AADAA-I3134628

Health care **access patterns in relation to ethnic/racial and health insurance status at an osteopathic hospital for 1998 through 2001**

Author: Mego, Charles

Degree: Dr.P.H.

Year: 2003

Corporate Source/Institution: University of North Texas Health Science Center at Fort Worth (1250)

Source: VOLUME 65/05-B OF DISSERTATION ABSTRACTS INTERNATIONAL.
PAGE 2324. 106 PAGES

Health care **access patterns in relation to ethnic/racial and health insurance status at an osteopathic hospital for 1998 through 2001**

Descriptors: HEALTH SCIENCES, **HEALTH CARE MANAGEMENT**; HEALTH SCIENCES, PUBLIC HEALTH

...Osteopathic Health System of Texas (OHST), an academic health center with a 256-bed teaching **hospital**, was analyzed for **health care** access as measured by **health services** utilization in 1998 through 2001. This study explored the question of whether there was less **health care** access among minorities than among the White non-Hispanic majority within the patient population at...

...to OHST's population demographics. This assessment determined which Ethnic/Racial groups had the highest **medical services** utilization and their payment methods. **Patient data obtained** from the OHST's Meditech database was analyzed using Epi-Info.

White non-Hispanics made...

...service components relative to the Tarrant County demographics for 1998 through 2001. The Hispanic ER **Managed Care** category increased 7% and **confirmed** a growth rate of 29% more ER **Managed Care** in 2001, as compared to 1998 (URR = 1.29, [1.24–1.35...

...87], $\chi^2 = 57.69$, $p < .01$).

The Hispanic Inpatient **Managed Care** category increased 13.2% and

revealed a positive growth rate with 52% more Inpatient **Managed** Care in 2001 as compared to 1998 (URR = 1.52, [1.44–1.61...

...upon ER Self Pay, with a general decrease in Medicaid coverage and an increase in **Managed** Care. The Hispanic and Other groups have medical needs that are being neglected at OHST...

25/3,K/4 (Item 2 from file: 35)

DIALOG(R)File 35:Dissertation Abs Online

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01967692 ORDER NO: AADAA-I3102663

Accepting and adjusting to chronicity of hypertension: A grounded theory study in Thai people

Author: Kirdphon, Wasana

Degree: Ph.D.

Year: 2003

Corporate Source/Institution: University of Washington (0250)

Source: VOLUME 64/08-B OF DISSERTATION ABSTRACTS INTERNATIONAL.

PAGE 3744. 200 PAGES

...hypertension. Little is know about the patients' perspectives concerning their experiences with hypertension and their **management** strategies. The contrasting views about hypertension between clients and providers might be a possible explanation...

...phenomena of hypertension experiences and the contextual influences of daily living on responses to hypertension **management** among the Thai people with hypertension who lived in non-municipal areas. Participants in this study were 17 people with essential hypertension attending the outpatient **clinic** at a large government **hospital** in Khon Kaen, Thailand for treatment plus an addition of 2 people who were not currently receiving treatment from **healthcare providers**. Each participant was interviewed for about an hour using open-ended questions.

Results from the...

...dealing with chronic rather than episodic illness was an important process to help them self- **manage** the condition. The model of self-**managing** hypertension, which consisted of five major stages; getting diagnosis, getting **treatment** /follow-up, responding to **diagnosis**, **seeking** a cure, and **accepting** and adjusting to chronicity of hypertension, was developed from the study data. People who could...

...more flexibly as they learned the importance and the ability of "self" to **manage** hypertension. Additionally, findings from this study also indicate there was a communication problem between providers and clients that contributed to the clients' inability to **manage** their condition appropriately.

Knowledge gained from this study can be used to improve of care...

...to recognize and adjust to the chronic state of hypertension. Study results also suggested that **healthcare providers** should pay more attention to **patients'** understanding of given **information** about hypertension and its **management**.

25/3,K/5 (Item 3 from file: 35)

DIALOG(R)File 35:Dissertation Abs Online

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01943569 ORDER NO: AADAA-I3086560

The effect of doctor's payment method on patient's medical care use:

Are there incentives for a doctor's improving patient 's asymmetric information problem?

Author: Lim, Jae-Young

Degree: Ph.D.

Year: 2003

Corporate Source/Institution: The University of North Carolina at Chapel Hill (0153)

Source: VOLUME 64/04-A OF DISSERTATION ABSTRACTS INTERNATIONAL.
PAGE 1342. 125 PAGES

The effect of doctor's payment method on patient's medical care use:

Are there incentives for a doctor's improving patient 's asymmetric information problem?

Descriptors: ECONOMICS, GENERAL ; HEALTH SCIENCES, **HEALTH CARE MANAGEMENT**

As a result of rapidly developing **information** technologies, like the Internet, the **patient** 's problem of access to health information may no longer be an important factor in the **patient** 's asymmetric **information** problem, the **patient** having less health **information** than the doctor. The more important factor in the **patient** 's asymmetric **information** problem may be the **patient** 's inability to appropriately use health **information** . Given this view of the **patient** 's asymmetric **information** problem, doctors' efforts to help **patients** understand and interpret medical **information** by efficiently communicating with the **patient** may be an extremely important factor influencing the patient's efficient use of **medical care** .

This research **seeks** to determine whether a doctor's optimal effort can improve the efficiency of patient's **medical care** use, and whether the doctor's payment method affects the effort level.

The paper's theoretical framework shows that the patient's overutilization of **medical care** should originate from his asymmetric information problem. The model suggests that if the doctor makes a sufficient effort at correcting her **patient** 's **information** problems, the Pareto inefficiency from **patient** 's overutilization can be ameliorated. The theoretical results suggest that the doctor's payment method...

...optimal level of effort, which in turn leads patients to use the optimal level of **medical care** .

The empirical results **confirm** the theoretical suggestions. They suggest that the doctor's rate of supply-side cost sharing...

...level. The doctor's effort level in turn has a statistically significant negative effect on **medical care** use of those patients who are prone to overuse **medical care** .

The theoretical and empirical results of this paper both clarify the role of the doctor...

...doctor's optimal level of effort can lead to a patient's efficient use of **medical care** by improving the **patient** 's asymmetric **information**

problem, and the level of effort is in turn affected by the payment method.

25/3,K/6 (Item 4 from file: 35)

DIALOG(R)File 35:Dissertation Abs Online

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01908911 ORDER NO: AADAA-I3063632

Franchising of family planning and reproductive health services in developing countries

Author: Montagu, Dominic Duncan

Degree: Dr.P.H.

Year: 2002

Corporate Source/Institution: University of California, Berkeley (0028)

Source: VOLUME 63/09-B OF DISSERTATION ABSTRACTS INTERNATIONAL.

PAGE 4139. 129 PAGES

ISBN: 0-493-82573-8

Franchising of family planning and reproductive health services in developing countries

Descriptors: HEALTH SCIENCES, PUBLIC HEALTH ; HEALTH SCIENCES, **HEALTH CARE MANAGEMENT**

...is a potentially important way of improving access and assuring quality to some types of **clinical medical services** . While franchising has great potential to increase **service** delivery points and method **acceptability** , a number of challenges are inherent to the delivery model: controlling the quality of services...

...the accuracy of the model and describe the motivation and behavior of franchise clients, potential **clients** , and franchise member providers. The **data** used comes from surveys of four franchises conducted in Kenya, Pakistan and India between May...

...The surveys sampled providers, family planning clients, and within one kilometer of the selected franchise **clinics** .

Findings have implications for social franchise operations. Assuring technical quality is the most important franchise...

...the greatest potential to provide value to clients. While this is of greatest importance to **clients** receiving invasive **clinical** services, our **data** shows that all **clients** and indeed all women in the communities where franchises are active, value provider skill above...

...potential clients, they will have a significant positive impact on the transaction costs of clients **seeking care** . The chief motivational benefit offered to providers, by the franchise organizations, are training in all...

25/3,K/7 (Item 5 from file: 35)

DIALOG(R)File 35:Dissertation Abs Online

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01863452 ORDER NO: AADAA-I3035632

Non- surgical treatment of urinary incontinence and outcomes in a nursing practice

Author: Wiggin, Barbara McLean
Degree: Ph.D.
Year: 2002
Corporate Source/Institution: Brandeis University, The Florence Heller
Graduate School for Advanced Studies in Social Welfare (0541)
Source: VOLUME 62/12-B OF DISSERTATION ABSTRACTS INTERNATIONAL.
PAGE 5648. 106 PAGES
ISBN: 0-493-48423-X

Non- surgical treatment of urinary incontinence and outcomes in a nursing practice

...it carries, it is often borne in silence. It is hidden from family members, and **health care providers** do not **ask** nor do their patients inform them of it.

The focuses of this investigation are the outcomes and cost of non-**surgical treatment** of urinary incontinence in an independent nursing practice. Independent nursing practice is possible because of the Balanced Budget Act of 1997. On January 1, 1998, direct payment by Medicare was **allowed** for the **services** provided by nurse practitioners and **clinical** nurse specialists.

Since the philosophy of practice in this independent nursing practice is rehabilitation and...

...outcomes include decreased symptoms of urinary incontinence and improved quality of life.

Data collection included **information** from chart reviews and **patient** interviews conducted face-to-face and by telephone. Data analysis included paired comparison *t* tests and structural equation modeling. The results of this study demonstrate that non- **surgical treatment** of incontinence in an independent nursing practice provides a cost effective treatment alternative for the **management** of urinary incontinence without sacrificing health or quality of life.

25/3,K/8 (Item 6 from file: 35)

DIALOG(R)File 35:Dissertation Abs Online
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01291489 ORDER NO: AAD93-12910

**FOOD CHOICE BEHAVIOR OF ADOLESCENTS IN RESIDENTIAL CHILD CARE FACILITIES
(CHILD CARE FACILITIES, MENU PLANNING)**

Author: ROEBUCK, MARY ELIZABETH
Degree: PH.D.
Year: 1992

Corporate Source/Institution: TEXAS WOMAN'S UNIVERSITY (0925)
Source: VOLUME 54/01-B OF DISSERTATION ABSTRACTS INTERNATIONAL.
PAGE 175. 154 PAGES

Descriptors: HEALTH SCIENCES, NUTRITION; HEALTH SCIENCES, **HOSPITAL MANAGEMENT** ; BUSINESS **ADMINISTRATION** , **MANAGEMENT**

...obtained from this research, a model was developed to assist residential child care food service **managers** to plan menus which are acceptable to the clients and which meet the nutrient requirements...

...second questionnaire. The independent variables of age, gender, ethnicity, and number of grades failed were **obtained** from the **client data** base.

Of the five independent variables (age, gender, ethnicity, number of grades failed, and nutrition...

...Menu" was developed. Constraints identified with implementation were: (1) Budgetary concerns; (2) Type of food **service** system; (3) Client **acceptance** ; (4) Children with therapeutic or mechanical diet restrictions; (5) Regulatory issues; and (6) Client treatment...

...guidelines into the menu. The potential payoff was identified as improved health status and reduced **health care** costs. If the alternative chosen is to implement the dietary guidelines, a control and evaluate...

25/3,K/9 (Item 7 from file: 35)

DIALOG(R)File 35:Dissertation Abs Online

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0956775 ORDER NO: AAD87-13365

LIVING WITH LEUKEMIA: THE PERSONAL MEANING ATTRIBUTED TO ILLNESS AND TREATMENT BY ADULTS UNDERGOING A BONE MARROW TRANSPLANTATION

Author: HABERMAN, MEL RANDALL

Degree: PH.D.

Year: 1987

Corporate Source/Institution: UNIVERSITY OF WASHINGTON (0250)

Source: VOLUME 48/03-B OF DISSERTATION ABSTRACTS INTERNATIONAL.

PAGE 703. 384 PAGES

...was the hallmark of living with leukemia. Uncertainty surrounded gaining an initial awareness of leukemia, **seeking diagnostic confirmation** , and the awareness of being at-risk to relapse and early death. Explanatory models partially...

...were brought into alignment with the realities of the disease. Control that was relinquished to **health providers** was circumscribed and compensated for by exercising control in other areas of life. The decision ...

...BMT. To maximize further the odds for a cure, control was readily turned over to **health providers** and the BMT protocol.

Implications for nursing include the use of preparatory **information** to reduce uncertainty; to help **persons** anticipate how they might cognitively and behaviorally **manage** BMT; and to structure systematically explanatory models of leukemia and BMT, and how time is...

25/3,K/10 (Item 8 from file: 35)

DIALOG(R)File 35:Dissertation Abs Online

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888066 ORDER NO: AAD85-15733

MENSTRUAL-RELATED DISTRESS AND WILLINGNESS VERSUS UNWILLINGNESS TO

SEEK

TREATMENT

Author: MARKUM, ROSEMARY ANNE WILSON

Degree: PH.D.

Year: 1985

Corporate Source/Institution: NORTH TEXAS STATE UNIVERSITY (0158)

Source: VOLUME 46/05-B OF DISSERTATION ABSTRACTS INTERNATIONAL.

PAGE 1693. 177 PAGES

MENSTRUAL-RELATED DISTRESS AND WILLINGNESS VERSUS UNWILLINGNESS TO

SEEK

TREATMENT

Descriptors: PSYCHOLOGY, **CLINICAL**

The purpose of this study was to delineate variables which relate to reported willingness to **seek treatment** for menstrual-related distress, and to assess treatment preferences in a population of women often...

...Of the 198 volunteers included in the study, 71 stated that they were willing to **seek** some form of **treatment** for menstrual-related distress, and 127 stated that they were not willing to do so...

...Adjective Checklist (ACL), Menstrual Attitude Questionnaire (MAQ), and Menstrual Distress Questionnaire (MDQ), along with a **personal data** sheet were **administered** to subjects. In addition, they were asked to read three paragraph-long descriptions of self- **administered** , medical, and behavioral treatments for menstrual-related distress and to indicate their preference for each...

...toward menstrual-related distress.

The two groups were similar in their overwhelming preference for self- **administered treatment** , and **rejection** of behavioral **treatment** , with **medical treatment** falling between these preference extremes.

Results are discussed in terms of the necessity for assessing...

...there is a need on the part of potential help- providers to make behavioral-oriented **treatment** more attractive to potential help- **seekers** and to make the availability of their treatments known to the target population.

25/3,K/11 (Item 9 from file: 35)

DIALOG(R)File 35:Dissertation Abs Online

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763533 ORDER NO: AAD81-26608

OUTPATIENT PSYCHOTHERAPY COMPLIANCE: A TEST OF THE HEALTH BELIEF MODEL

Author: COURNOYER, PAULETTE RITA

Degree: D.N.SC.

Year: 1981

Corporate Source/Institution: BOSTON UNIVERSITY SCHOOL OF NURSING (0852)

Source: VOLUME 42/06-B OF DISSERTATION ABSTRACTS INTERNATIONAL.

PAGE 2305. 108 PAGES

...e.g., Rosenstock, 1966). This study utilized an inception cohort

sample of 80 adult patients **accepted** to the Brief **Treatment** Program of the Edith Nourse Rogers Memorial Veterans **Hospital** . The primary hypothesis was that the patient's health belief system with respect to emotional...

...note their modifying effect on the independent and dependent variables.

Data in the study were **obtained** from an interview with the **client** to obtain demographic and psychosocial **information** , from the **administration** of the SDH to the client, and from a chart audit of treatment outcome measures...

...partial support for the Health Belief Model. Specifically, at the initial contact with a psychiatric **clinic** , if the clients perceived that the benefits outweighed the costs of psychiatric care, they were...

...the appointments they made in spite of the possible consequence of social stigma.

Additionally, the **data** analysis indicated that those **clients** who dropped out of treatment before the **administration** of the SDH were significantly more likely to describe the onset of their illness as...

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File 434:SciSearch(R) Cited Ref Sci 1974-1989/Dec
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Set	Items	Description
S1	1710800	(HEALTH OR MEDICAL OR SURGICAL)(1W)(CARE OR SERVICE?? OR TREATMENT?? OR DIAGNOS?)
S2	14166257	(HEALTHCARE OR HEALTH OR MEDICAL OR OSTEOPATHIC OR PEDIATRIC)(1W)(PROVID? OR PROVISION? OR SERVICE?? OR PROFESSIONAL?? - OR PRACTITIONER? OR OFFICE??) OR HOSPITAL?? OR CLINIC??
S3	661890	(CUSTOMER?? OR PATIENT?? OR PERSON?? OR CLIENT??)(5N)(INFORMATION OR DATA OR RECORD?? OR FILE??)
S4	12350	(CPT OR CPTS OR CURRENT()PROCEDURAL()TERMINOLOG??? OR ICD - OR ICD?? OR INTERNATIONAL()CLASSIFICATION(1W)DISEASE??)(3N)(CODE?? OR CODING OR VALUE?? OR NUMBER?? OR BILLING)
S5	3231987	INPATIENT?? OR IN()PATIENT?? OR OUTPATIENT?? OR OUT()PATIENT?? OR NURSING()HOME?? OR OTHER()(LOCATION?? OR SERVICE??) OR DOCTOR??(2N)OFFICE OR PATIENT??(2N)HOME??
S6	16650082	SERVICE?? OR CARE OR TREATMENT?? OR DIAGNOS????
S7	377357	S6(5N)(APPROV? OR DISAPPROV? OR PERMISSION?? OR CONFIRM? OR ACCEPT? OR ALLOW? OR AUTHORIZ? OR REFUS? OR REJECT? OR DISALLOW?)
S8	31846	S3(5N)(OBTAIN? OR ACQUIR? OR GET OR GETS OR GETTING)
S9	48361	S6(5N)(REQUEST? OR ASK OR ASKS OR ASKING OR SOLICIT? OR SEEK???)
S10	952	S4(5N)(SINGLE OR ONE OR 1)
S11	1	AU=(MERKIN, R? OR MERKIN R?)
S12	0	S11 AND S1
S13	449807	(S1 OR S2) AND S3
S14	799	S13 AND S4 AND S5
S15	34	S14 AND S7
S16	13	S15 AND (S8 OR S9 OR S10)
S17	0	S16 NOT PY=>2003
S18	9	S15 NOT PY=>2003
S19	4	RD (unique items)
S20	1382	(S1 OR S2)(S)S3(S)S4
S21	453	S20(S)S5
S22	22	S21(S)S7
S23	9	S22(S)(S8 OR S9 OR S10)
S24	9	S23 NOT S19
S25	0	S24 NOT PY=>2003
S26	20	S22 NOT S19
S27	4	S26 NOT PY=>2003
S28	2	RD (unique items)

19/3,K/1 (Item 1 from file: 5)

DIALOG(R)File 5:Biosis Previews(R)
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13922089 BIOSIS NO.: 199799556149

**Towards improved coding of acute myocardial infarction in hospital
discharge abstracts: A pilot project**

AUTHOR: Cox Jafna L; Melady Michele P; Chen Erluo; Naylor C David (Reprint)

AUTHOR ADDRESS: Inst. Clinical Evaluative Sci., G106, Sunnybrook Health
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JOURNAL: Canadian Journal of Cardiology 13 (4): p351-358 1997 1997

ISSN: 0828-282X

DOCUMENT TYPE: Article

RECORD TYPE: Abstract

LANGUAGE: English

**Towards improved coding of acute myocardial infarction in hospital
discharge abstracts: A pilot project**

...ABSTRACT: pilot-test a simple checklist designed to improve coding of
acute myocardial infarction (AMI) in **hospital** discharge abstracts.

BACKGROUND: Health records technologists review **hospital** charts to code
discharge diagnoses according to the International Classification of
Diseases, 9th revision (ICD-9). Many studies have suggested that there is
a high false positive rate in **coding** AMI, ie, **ICD** -9410, on **hospital**
discharge abstracts. PATIENTS AND METHODS: The checklist required either
at least two of suggestive symptoms...

...hospitals were recruited to apply the checklist on a blinded basis to
1000 randomly drawn **in - patient records** -10% were audited for
another study to confirm AMI; and 90% were originally coded with...

...cardiovascular diagnoses and various noncardiac conditions. Percentage
agreement (95% CI) between the checklist and the **confirmed** or coded
diagnosis was analyzed; coding of AMI as a secondary diagnosis was
examined in further analyses. RESULTS: One **hospital** withdrew for
logistical reasons; the final useable sample from 15 hospitals was 943
records. The...

...the physician had nonetheless diagnosed AMI, six of 11 charts were
misclassified as AMI in **hospital** records; none were misclassified by the
checklist. For records with AMI as MRD, 11.6...

...to 9.2) met checklist criteria for AMI during admission, but 94.7% had
an **ICD** -9 410 **code** as a secondary diagnosis. CONCLUSION: A simple
checklist can be very easily applied, has extremely...

...the high sensitivity (low false negative rates) of conventional coding
practices for AMI in Canadian **hospital** records, be it as a primary or
secondary diagnosis (eg, 95% detection rate). Usual coding...

...with the checklist for tentative ICD-9 410 diagnoses, would improve the
accuracy of Canadian **hospital** records.

DESCRIPTORS:

CHEMICALS & BIOCHEMICALS:

MISCELLANEOUS TERMS: ... **HOSPITAL** DISCHARGE ABSTRACTS...

... **PATIENT RECORDS** ;

CONCEPT CODES:

19/3,K/2 (Item 2 from file: 5)

DIALOG(R)File 5:BIOSIS Previews(R)

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09702588 BIOSIS NO.: 198988017703

**THE DEVELOPMENT OF A DISEASE CLASSIFICATION SYSTEM BASED ON THE
INTERNATIONAL CLASSIFICATION OF DISEASES FOR USE BY NEUROLOGISTS**

AUTHOR: WOOD V A (Reprint); WADE D T; HEWER R L; CAMPBELL M J

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JOURNAL: Journal of Neurology Neurosurgery and Psychiatry 52 (4): p449-458

1989

ISSN: 0022-3050

DOCUMENT TYPE: Article

RECORD TYPE: Abstract

LANGUAGE: ENGLISH

ABSTRACT: Effective planning evaluation of **medical services** is only possible if appropriate and reliable **information** is available.

Diagnoses of **patients** seen are essential **data**. The epidemiological value of standard, reliable diagnostic data could also be considerable. The International Classification...

...available which provides a common basis of classification for general statistical use. A booklet, using **ICD codes**, for classifying **in - patients** and **out - patients** seen by neurologists has been developed. It is simple and easy to use, affords the necessary economy of time, and should result in uniformity of coding. Reliability studies **confirm** that inaccuracies occur when patients' **diagnoses** are coded retrospectively from their medical files, even when observers are medically trained. It is recommended that doctors should **accept** personal responsibility for coding patients' **diagnoses** at the time of consultation or discharge from **hospital**.

19/3,K/3 (Item 1 from file: 73)

DIALOG(R)File 73:EMBASE

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0078829235 EMBASE No: 2001435646

Data validity issues in using claims data

Strom B.L.

Ctr. for Clin. Epidemiol./Biostat., Univ. of Pennsylvania School of Med.,
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19104-6021, United States

CORRESP. AUTHOR/AFFIL: Strom B.L.: Ctr. for Clin. Epidemiol./Biostat.,
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824 Blockley Hall, Philadelphia, PA 19104-6021, United States

CORRESP. AUTHOR EMAIL: bstrom@cceb.med.upenn.edu

Pharmacoepidemiology and Drug Safety (Pharmacoepidemiol. Drug Saf.) (United Kingdom) December 29, 2001, 10/5 (389-392)

CODEN: PDSAE ISSN: 1053-8569

DOI: 10.1002/pds.610

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 8

...studies were launched at the same time with similar designs.
Neutropenia is a laboratory-driven **diagnosis**, easy to make and **confirm**.
The neutropenia study yielded many useful results, ranging from incidence rates to results with specific...

...In contrast, Stevens-Johnson Syndrome is harder to diagnose, and is represented poorly in the **ICD -9-CM coding** system. The result was a study productive of much less **clinical** information. These studies show the important implications of variable data validity to study interpretation. Uniquely problematic situations exist: the illness does not reliably come to medical attention; **inpatient** drug exposures; an outcome is poorly defined by the diagnostic coding system; descriptive studies; drug...

MEDICAL DESCRIPTORS:

...disease classification; drug classification; drug effect; drug exposure; drug induced disease--side effect--si; female; **hospital patient**; human; incidence; **information** processing; laboratory diagnosis; major **clinical** study; male; medical information; menarche; menopause; neutropenia--side effect--si; occupation; outcomes research; patient coding...

ORIG. DESCRIPTORS:

19/3,K/4 (Item 1 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

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15068932 PMID: 12444808

The impact of treatment-resistant depression on health care utilization and costs.

Crown William H; Finkelstein Stan; Berndt Ernst R; Ling Davina; Poret Amy W; Rush A John; Russell James M

MEDSTAT Group, Cambridge, Mass, USA.

Journal of clinical psychiatry (United States) Nov 2002, 63 (11)

p963-71, ISSN 0160-6689--Print Journal Code: 7801243

Publishing Model Print

Document type: Journal Article; Research Support, Non-U.S. Gov't

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

The impact of treatment-resistant depression on health care utilization and costs.

... respond satisfactorily to several traditional antidepressant medication treatment trials. Very little is known about the **health care** costs of patients with treatment-resistant depression. METHOD: Based on medical claims data (MarketScan Research...

... to June 30, 2000, a naturalistic, retrospective analysis was conducted to study the characteristics and **health care** utilization of patients with treatment-resistant depression. All patients having an International Classification of Diseases, Ninth Revision (**ICD -9**), diagnosis **code** for unipolar or bipolar depression with specified antidepressant dosing and treatment durations were initially selected...

...either they switched from or augmented initial antidepressant medication with other antidepressants at least twice (**outpatient** treatment-resistant group) or they switched from or augmented their initial antidepressant medication and also...

... Members of the comparison group had comparatively stable antidepressant medication use patterns, consistent with an **acceptable** response to **treatment** . Patients were followed for a minimum of 9 months. Resource utilization was calculated from index...

... likely to be hospitalized (general medical and depression related) and had at least 12% more **outpatient** visits ($p < .02$). Treatment resistance was also associated with use of 1.4 to 3...

... Treatment-resistant depression is costly and associated with extensive use of depression-related and general **medical services** . These findings underscore the need for early identification and effective long-term maintenance treatment for...

Descriptors: *Bipolar Disorder--economics--EC; *Depressive Disorder, Major--economics--EC; * **Health Care** Costs--statistics and numerical **data** --SN; * **Patient Acceptance of Health Care** --statistics and numerical data--SN; *Referral and Consultation--utilization--UT...; Costs --statistics and numerical data--SN; Drug Resistance; Humans; Middle Aged; Patient Admission--economics--EC; **Patient** Admission --statistics and numerical **data** --SN; Psychotropic Drugs--adverse effects--AE; Psychotropic Drugs--economics--EC; Psychotropic Drugs--therapeutic use --TU...

28/3,K/1 (Item 1 from file: 73)

DIALOG(R)File 73:EMBASE

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0076847984 EMBASE No: 1997141046

Towards improved coding of acute myocardial infarction in hospital discharge abstracts: A pilot project

Cox J.L.; Melady M.P.; Chen E.; Naylor C.D.

CORRESP. AUTHOR/AFFIL: Naylor D.: Inst. Clinical Evaluative Sciences, G106, 2075 Bayview Avenue, 2075 Bayview Avenue, North York, Ont. M4N 3M5, Canada

Canadian Journal of Cardiology (CAN. J. CARDIOL.) (Canada) April 1, 1997, 13/4 (351-358)

CODEN: CJCAE ISSN: 0828-282X

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English; French

NUMBER OF REFERENCES: 21

...with the checklist for tentative ICD-9 410 diagnoses, would improve the accuracy of Canadian **hospital** records.

28/3,K/2 (Item 2 from file: 73)

DIALOG(R)File 73:EMBASE

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0073924090 EMBASE No: 1989104540

**The development of a disease classification system, based on the
International Classification of Diseases, for use by neurologists**

Wood V.A.; Wade D.T.; Hewer R.L.; Campbell M.J.

Frenchay Hospital, Bristol BS16 1LE, United Kingdom:

CORRESP. AUTHOR/AFFIL: Frenchay Hospital, Bristol BS16 1LE, United
Kingdom

Journal of Neurology Neurosurgery and Psychiatry (J. NEUROL. NEUROSURG.
PSYCHIATRY) (United Kingdom) May 16, 1989, 52/4 (449-458)

CODEN: JNNPA ISSN: 0022-3050

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

...affords the necessary economy of time, and should result in uniformity
of coding. Reliability studies **confirm** that inaccuracies occur when
patients' **diagnoses** are coded retrospectively from their medical files,
even when observers are medically trained. It is recommended that doctors
should **accept** personal responsibility for coding patients' **diagnoses** at
the time of consultation or discharge from **hospital** .

File 9:Business & Industry(R) Jul/1994-2009/Mar 25
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Set Items Description

- S1 4515707 (HEALTH OR MEDICAL OR SURGICAL)(1W)(CARE OR SERVICE?? OR T-
REATMENT?? OR DIAGNOS?????)
S2 8076070 (HEALTHCARE OR HEALTH OR MEDICAL OR OSTEOPATHIC OR PEDIATR-
IC)(1W)(PROVID??? OR PROVISION??? OR SERVICE?? OR PROFESSIONA-
L?? OR PRACTITIONER??? OR OFFICE??) OR HOSPITAL?? OR CLINIC??
S3 3351698 (CUSTOMER?? OR PATIENT?? OR PERSON?? OR CLIENT??)(5N)(INFO-
RMATION OR DATA OR RECORD?? OR FILE??)
S4 13220 (CPT OR CPTS OR CURRENT()PROCEDURAL()TERMINOLOG??? OR ICD -
OR ICD?? OR INTERNATIONAL()CLASSIFICATION(1W)DISEASE??)(3N)(C-
ODE?? OR CODING OR VALUE?? OR NUMBER?? OR BILLING)
S5 1886649 (SERVICE?? OR CARE OR TREATMENT?? OR DIAGNOS?????)(5N)(APP-
ROV? OR DISAPPROV? OR PERMISSION?? OR CONFIRM? OR ACCEPT? OR -
ALLOW? OR AUTHORIZ? OR REFUS? OR REJECT? OR DISALLOW?)

S6 103023 S3(5N)(OBTAIN? OR ACQUIR? OR GET OR GETS OR GETTING)
 S7 31075 S5(5N)(REQUEST? OR ASK OR ASKS OR ASKING OR SOLICIT? OR SE-
 EK???)
 S8 6 AU=(MERKIN, R? OR MERKIN R?)
 S9 1 S8 AND S1
 S10 0 S9 NOT PY=>2004
 S11 733 (S1 OR S2)(S)S3(S)S4
 S12 42 S11(S)S5
 S13 3 S12(S)(S6 OR S7)
 S14 1 S13 NOT PY=>2004

14/3,K/1 (Item 1 from file: 148)

DIALOG(R)File 148:Gale Group Trade & Industry DB
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03900038 SUPPLIER NUMBER: 06967948 (USE FORMAT 7 OR 9 FOR FULL TEXT)

Second Annual Directory of Human Resources Services, Products and Suppliers, January 1989. (directory)

Personnel, v66, n1, pD1(167)

Jan, 1989

DOCUMENT TYPE: directory ISSN: 0031-5702 LANGUAGE: ENGLISH

RECORD TYPE: FULLTEXT; ABSTRACT

WORD COUNT: 155534 LINE COUNT: 14711

... Contact: Elizabeth Hildner, Sales
 Manager
 HR Pro is a full function, multi-user Human
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 404-294-0226; 800-JET-JOBS
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Set	Items	Description
S1	1590	(HEALTH OR MEDICAL OR SURGICAL)(1W)(CARE OR SERVICE?? OR TREATMENT?? OR DIAGNOS?????)
S2	1122	(HEALTHCARE OR HEALTH OR MEDICAL OR OSTEOPATHIC OR PEDIATRIC)(1W)(PROVID? OR PROVISION? OR SERVICE?? OR PROFESSIONAL?? - OR PRACTITIONER? OR OFFICE??) OR HOSPITAL OR CLINIC??
S3	1957	(CUSTOMER?? OR PATIENT?? OR PERSON?? OR CLIENT??)(5N)(INFORMATION OR DATA OR RECORD?? OR FILE??)
S4	2	(CPT OR CPTS OR CURRENT()PROCEDURAL()TERMINOLOG??? OR ICD - OR ICD?? OR INTERNATIONAL()CLASSIFICATION(1W)DISEASE??)(3N)(C-ODE?? OR CODING OR VALUE?? OR NUMBER?? OR BILLING)
S5	1132	(SERVICE?? OR CARE OR TREATMENT?? OR DIAGNOS?????)(5N)(APPROV? OR DISAPPROV? OR PERMISSION?? OR CONFIRM? OR ACCEPT? OR - ALLOW? OR AUTHORIZ? OR REFUS? OR REJECT? OR DISALLOW?)
S6	47	S3(5N)(OBTAIN? OR ACQUIR? OR GET OR GETS OR GETTING)
S7	14	S5(5N)(REQUEST? OR ASK OR ASKS OR ASKING OR SOLICIT? OR SEEK???)
S8	0	AU=(MERKIN, R? OR MERKIN R?)
S9	299	(S1 OR S2) AND S3
S10	0	S9 AND S4
S11	37	S9 AND S5
S12	0	S11 AND (S6 OR S7)
S13	1	S11 AND (INPATIENT?? OR IN()PATIENT?? OR OUTPATIENT?? OR OUT()PATIENT?? OR NURSING()HOME?? OR OTHER()(LOCATION?? OR SERVICE??) OR DOCTOR??(2N)OFFICE OR PATIENT??(2N)HOME??)
S14	1	S13 NOT PY=>2004

14/3,K/1

DIALOG(R)File 256:TecInfoSource
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02754013 DOCUMENT TYPE: Company

Iron Mountain Inc (754013)

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Boston, MA 02111 United States
TOLL FREE TELEPHONE NUMBER: (800) 899-4766
HOMEPAGE: <http://www.ironmountain.com>
TICKER: NYSE : IRM

FILE SEGMENT: Directory

CONTACT: Sales Department

ORGANIZATION TYPE: Corporation
EQUITY TYPE: Public
STATUS: Active

SALES: NA

DATE FOUNDED: 1951

REVISION DATE: 20040706

Iron Mountain (R) Incorporated, founded in 1951 and based in Boston,

provides **clients** with **records** and **information** management services. The firm serves over 200,000 customers across the U.S., Canada, Latin America, and Europe. It offers **clients** physical and digital **records** management, disaster recovery, document shredding, off-site data archiving, online data backup, impact analysis, and **other services**. Iron Mountain **allows** companies to comply with SEC, Health Insurance Portability and Accountability Act (HIPAA), and other regulations...

...Administrators (ARMA) and other industry associations. The firm serves clients across the financial services, legal, **health care**, insurance, banking, engineering, and real estate markets.
?